

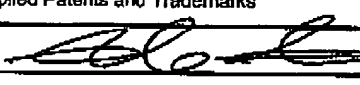
PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

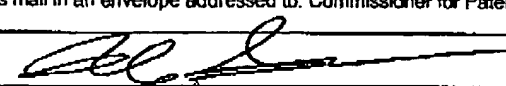
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/671,977	
	Filing Date	09/28/2003	
	First Named Inventor	GONZALES, R.	
	Art Unit	3632	
	Examiner Name	SCHULTERBRANDT, K.A.	
Total Number of Pages in This Submission	22	Attorney Docket Number	GONZR-P01

**RECEIVED**  
**CENTRAL FAX CENTER**  
**MAR 10 2005**

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	CREDIT CARD PAYMENT FORM
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Applied Patents and Trademarks		
Signature			
Printed name	Frank G. MORKUNAS		
Date	MAR 10 2005	Reg. No.	38,974

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Frank G. MORKUNAS	Date	MAR 10 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number <b>10/671,977</b> Filing Date <b>09/26/2003</b> First Named Inventor <b>GONZALES, R.</b> Examiner Name <b>SCHULTERBRANDT, K.A.</b> Art Unit <b>3632</b> Attorney Docket No. <b>GONZR-P01</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) <b>400.00</b>			

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input checked="" type="checkbox"/> Charge Deposit Acct. IF credit-card payment Other (please identify): <b>fails or for deficiency.</b>	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <b>50-0382</b> Deposit Account Name: <b>Frank G. MORKUNAS</b>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <b>Charge Dep. Acct. only</b> if credit-card payment fails or for deficiency <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION																																																
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																									
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																										
Utility	300	150	500	250	200	100																																										
Design	200	100	100	50	130	65																																										
Plant	200	100	300	150	160	80																																										
Reissue	300	150	500	250	600	300																																										
Provisional	200	100	0	0	0	0																																										
2. EXCESS CLAIM FEES																																																
Fee Description <b>01 FC:1201</b>																																																
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50 25																																									
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200 100																																									
Multiple dependent claims							360 180																																									
<table border="0"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>60</td> <td>- 20 or HP = 40</td> <td>x 25 =</td> <td>1000</td> <td>na</td> <td></td> <td></td> </tr> <tr> <td colspan="7">HP = highest number of total claims paid for, if greater than 20</td> </tr> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th></th> <th></th> <th></th> </tr> <tr> <td>3</td> <td>- 3 or HP = 0</td> <td>x na =</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7">HP = highest number of independent claims paid for, if greater than 3</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	60	- 20 or HP = 40	x 25 =	1000	na			HP = highest number of total claims paid for, if greater than 20							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				3	- 3 or HP = 0	x na =	0				HP = highest number of independent claims paid for, if greater than 3						
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																										
60	- 20 or HP = 40	x 25 =	1000	na																																												
HP = highest number of total claims paid for, if greater than 20																																																
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																													
3	- 3 or HP = 0	x na =	0																																													
HP = highest number of independent claims paid for, if greater than 3																																																
3. APPLICATION SIZE FEE																																																
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																
<table border="0"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td></td> <td>- 100 =</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td>na</td> </tr> </table>							Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		- 100 =	/ 50 =	(round up to a whole number) x	na																																
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																												
	- 100 =	/ 50 =	(round up to a whole number) x	na																																												
4. OTHER FEE(S)																																																
Non-English Specification, \$130 fee (no small entity discount)							na																																									
Other:							na																																									

SUBMITTED BY		Registration No. 38,974	Telephone 858-565-0799
Signature		(Attorney/Agent)	Date
Name (Print/Type)	Frank G. MORKUNAS		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED  
CENTRAL FAX CENTER

MAR 10 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
GONZALES, Rolando

Appln. No.: 10/671,977

Examiner: SCHULTERBRANDT, K.A.

Conf. No.: 8874

Group Art Unit: 3632

Filed: 09/26/03

Dkt. No.: GONZR-P01

C/N: 23,653

For: CAMERA STABILIZER

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is:

☐ being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA,☒ facsimile transmitted to the Patent and Trademark Office, at 703- 872-9306  
on MAR 10 2005Dated: MAR 10 2005  
FRANK G. MORKUNASCommissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313AMENDMENT/RESPONSEIn response to the Office action dated January 12, 2005,  
which:

- a. rejected Claims 1-44 under 35 U.S.C. 112, second paragraph, as being indefinite as to 'camera stabilizer' and
- 5 'first support means' and requested correction or clarification;

AMDT: Page 1 of 19

Dkt. No: GONZR-P01  
Appln. No.: 10/671,977  
Reply to Office action of 01/12/05

b. rejected Claims 23 and 25-27, 30-32, 34, 38, 40, and 44 under 35 U.S.C. 102(b) as being anticipated by Rudolph ['136];

c. rejected Claims 1-10, 12, 16-18, 22, 24, 28, and 29 under 35 U.S.C. 103(a) as being unpatentable under Rudolph ['136] in

5 view of Emery ['657]; and

d. objected to Claims 11, 13-15, 19-21, 33, 35-37, 39, and 41-43 if rewritten to overcome the rejections under 35 U.S.C. 112, second paragraph, and to include all of the limitations of the base claim and any intervening claim;

10 kindly accept and enter the following amendments which place this matter in condition for allowance:

1. Amendments to the Specification: there are no such amendments.

15 2. Amendments to the Claims and listing therefor begin on the page of this paper captioned as Amendments to the Claims.

3. Amendments to the Drawings: there are no such amendments.

4. Remarks/Arguments begin on the page of this paper captioned as Remarks/Arguments.

5. **Appendix.** There is no appendix.

AMDT: Page 2 of 19